

Short Daily Questionnaire Specification

Document History

Version	Date	Reason and Author
1.0	7 April 2020	Final (Jim Wilson and Albert Tenesa)

1. Have your symptoms changed since you last completed a daily questionnaire? Yes – continue/No – done for today
2. Are you reporting symptoms for today?
 - a. Yes->Automatic time stand
 - b. No-> Please, insert date of the symptoms, Automatic time stand
3. Have you had a **cough** during the last 24 hours?
 - a. No – skip to next
 - b. Yes
 - b.1. On a scale from 0 (not distressing) to 10 (unbearable), how distressing is your cough?
[0,10]
 - b.2. How many hours would you say have you been coughing? [0,24]
 - b.3. Is it a dry cough or do you produce sputum? [dry/with sputum]
 - b.4. Compared to yesterday, would you say your cough has? [Improved, stayed the same, worsened]
4. How **tired** have you felt during the last 24 hours on a scale from 0 (fully rested) to 10 (the most tired you have ever been)?
 - a. Comparing to yesterday, would you say your tiredness has? [Improved, stayed the same, worsened]
 - b. How tired are you usually in the morning? [on a scale 0 (fully rested) to 10 (the most tired you have ever been)]
 - c. How tired are you usually at night? [on a scale 0 (fully rested) to 10 (the most tired you have ever been)]
5. During the last 24 hours, have you had a **fever**?
 - a. No – skip to next
 - b. Yes
6. Everybody has a slightly different normal body temperature, so it would be useful for us, but not essential, that you took yours, even if you are not ill.
 - a. Have you got a thermometer [Y/N]. Y->a.1 and a.2., N->END
 - a.1. What is your temperature? [35,43]
 - a.2. What time did you take your temperature? [0,24h]
7. Do you have **difficulty breathing**? [Y/N – skip to next]
8. Compared to your normal breathing do you feel today it is [Better, the same, Worse->7.1.]
 - 7.1. How difficult do you find it to breath? (0 as normal, 10 being the point where you would consider calling the emergency services)
9. Compared to your normal **muscle aches**, do you feel today they are [Better, the same, Worse->8.1.]?
 - 8.1. Can you rank how much worse (0 being as usual, 10 unbearable)?
 - 8.2. Compared to yesterday, has it [Improved, stayed the same, worsened]?
10. Have you noticed that your sense of Taste or Smell has worsened in the last 24 hours?[Taste, Smell]
11. Have you got any of these symptoms?

- a. Headache [No, Mild, Medium, Severe]
- b. Chills [No, Mild, Medium, Severe]
- c. Blocked nose [No, Mild, Medium, Severe]
- d. Skipped meals [None, one, a few, Several]
- e. Abdominal pain [No, Mild, Medium, Severe]
- f. Nausea or vomiting [No, Mild, Medium, Severe]
- g. Diarrhoea [No, Mild, Medium, Severe]

12. Has any person living with you developed any of these symptoms in the last 24 hours? Please tick those that are appropriate (Automatic time stamp).

- a. Cough
- b. Tiredness
- c. Fever
- d. Muscle aches
- e. Headache
- f. Chills
- g. Blocked nose
- h. Nausea or vomiting
- i. Diarrhoea
- j. What is this person's relationship to you? [Partner, child, parent, friend, other]
- k. What is this person's age?

It would be extremely useful if you encouraged any person living with you, especially if you ticked any of the answers above, to enrol our study: [URL LINK](#).

13. Has any first degree blood relative that is not living with you developed any of these symptoms in the last 24 hours? Please tick those that are appropriate (Automatic time stamp).

- a. Cough
- b. Tiredness
- c. Fever
- d. Muscle aches
- e. Headache
- f. Chills
- g. Blocked nose
- h. Nausea or vomiting
- i. Diarrhoea
- j. Is this person your [Mother, Father, Son, Daughter, Sister, Brother]?
- k. What is this person's age?

14. It would be extremely useful if you encouraged any first degree relative, especially if you ticked any of the answers above, to enrol our study.